

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

AUG 15 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7889</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>PAUL</u> <u>T</u> <u>GATTUS</u> P.O. Box, Bldg., Room No., if any <u>C/O Local 282</u> Street <u>2500 MARCUS AVE</u> City <u>LAKE SUCCESS</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11042</u>	4. Name, file number, and address of labor organization. Name <u>LOCAL 282 I. B. OF T.</u> Labor Organization File Number <u>009-185</u> P.O. Box, Building and Room Number, if any <u>2nd floor</u> Street <u>2500 MARCUS AVE</u> City <u>LAKE SUCCESS</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11042</u>
5. Position in labor organization. <u>VICER PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>LOCAL 282 BENEFIT TRUST FUNDS</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>2500 MARCUS AVE</u> City <u>LAKE SUCCESS</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11042</u>	7.a. Nature of Interest, Transaction, or Income. <u>SPOUSE who I married in 2003 has been employed by Local 282 BENEFIT TRUST FUNDS SINCE 1985</u> 7.b. Amount. <u>90,000.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Paul T. Gattuso

On

8/8/05
Date

(516) 488-2828
Telephone Number

Name of Person Filing <u>Paul T. Gattus Jr</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Mac Kay Shields</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>9 WEST 57TH STREET</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10019</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>LOCAL 282 WELFARE TRUST FUND</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>2500 MARCUS AVE</u> City <u>LAKER SUCCESS</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11042</u>	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>MANAGES WELFARE TRUST FUND INVESTMENTS</u> </div> 11.b. Approximate dollar value of such dealing. <u>110,000.00</u> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>MEALS ASSOCIATED MEETING 2/27/04</u> </div> 12.b. Amount. <u>Approx: 50.00</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div> 14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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Name of Person Filing <u>PAUL T. GATTUS JR</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>UPS FINANCIAL</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>333 EARLE OVERTON BLVD</u></p> <p>City <u>MITCHELL FIELD</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>11553</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>LOCAL 282 ANNUITY TRUST FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>2800 MARCUS AVE</u></p> <p>City <u>LAKE SUCCESS</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>11042</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>MANAGERS ANNUITY FUND INVESTMENTS</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>100,000.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>MPALS ASSOCIATED WITH MEETINGS 2/22/04</u></p> <hr/> <p>12.b. Amount. <u>Approx. \$50.00</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing <u>PAUL T. GATTUS JR.</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>J & W SELIGMAN</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>100 PARK AVE</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10017</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>LOCAL 282 PENSION TRUST FUND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>2500 MARCUS AVE</u> City <u>LAKE SUCCESS</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11042</u>	11.a. Nature of such dealing. <u>MANAGES PENSIONAL INVESTMENTS</u> <hr/> 11.b. Approximate dollar value of such dealing. <u>350,000.00</u> 12.a. Nature of interest held or income received. <u>MEALS ASSOCIATED WITH MEETINGS</u> <u>2/21/04, 3/24/04, 5/16/04</u> <hr/> 12.b. Amount. <u>Approx 150.00</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>